

Exhibit C

Filed Under Seal

Block A all 12
Bed B



**RHODE ISLAND
STATE HEALTH LABORATORIES**

50 Orms Street
Providence, RI 02904
Phone: (401) 222-5600
CLIA # 41D0709206

ATTN: Blanchette, Edward A
D Wyatt Detention Facil-91190
950 High Street
Central Falls, RI 02863

Patient: FLORENTINO-SOTO, MANUEL
, RI

Med Rec #: 2773470 12132-070
Birthdate: 10/11/1979 40 years Male
Chart #:

Accession #: RI-20-036236

Ordering Medical Provider: Blanchette, Edward A

Copied to:

Microbiology

Procedure: CDC 2019 Novel Coronavirus Collected Date: 5/4/2020 17:01 EDT
rRT-PCR
Source: Nasopharyngeal Swab Start Date/Time: 5/4/2020 17:01 EDT
Accession: RI-20-036236

*****FINAL REPORTS*****

Final Report

Verified Date/Time: 5/5/2020 11:38 EDT

SARS-CoV-2 RNA not detected by rRT-PCR

NOTE:

The Centers for Disease Control (CDC) 2019 Novel Coronavirus Real-Time RT-PCR Diagnostic Panel is intended for the in vitro qualitative detection of 2019-nCoV (SARS-CoV-2) RNA in upper and lower respiratory specimens from individuals meeting COVID-19 clinical and/or epidemiological criteria. The 2019-nCoV rRT-PCR Assay is only for use under a Food and Drug Administration Emergency Use Authorization. The performance characteristics of the assay were verified by the RISHL. Results should be used in conjunction with the patient's clinical symptoms, medical history, and other clinical/laboratory findings to determine an overall clinical diagnosis. Negative results do not preclude infection with SARS-CoV-2.

Test parameters have not been validated for screening in asymptomatic patients.

Provider Fact Sheet: <https://www.fda.gov/media/134920/download>

Patient Fact Sheet: <https://www.fda.gov/media/134921/download>



Rhode Island State Laboratories Test Requisition
50 Cynis St., Providence, RI 02904-2222
401-222-5600; Fax: 401-222-6985; TTY: 800-745-5555
www.health.ri.gov

Affix RISHL sticker here.

Client	Name: IOYATT	RISHL client #:
	Address: 950 High St Central Falls RI 02863	
	Phone: (401) 721-0353	

Provider	Enter information as it appears on State medical license		
	Name: Edward Blanchette		
	Phone: (401) 721-0353	NPI: 1306001508	
	OTHER Report to (pediatric lead only):	Fax: (401) 205-1589	

Patient	Last name: Florentino-Soto		First name: Manuel	
	Address:			
	Phone: (401) 721-0353	DOB: 10/11/79	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	MRN:
	Ethnicity: Hispanic	Race: Hispanic	Language:	
	Parent name (Lead only):			

Insurance	Insured's name:	ICD-10 code:
	Insurance company:	Policy number:
	Address:	

Specimen Information
(For collection guidance: <http://www.health.ri.gov/programs/laboratory/biological/about/specimensubmission/>)

Collection date: 5/14/20 1126	Specimen type: NP
Pre-approval required; call 401-222-2577 ¹	
Biothreat Agent rule-out or confirmation (including Ebola)	Microbiology
Chikungunya Serology	AFB Isolate ID (including regulatory compliance) ³
Dengue Serology	AFB Smear and Culture
Measles PCR	Bacterial Isolate (ID/confirmation)
MERS CoV PCR	Bacterial Isolate (regulatory compliance) (excludes AFB)
Mumps PCR	Enteric and CRE/CRPA Isolates ³
Norovirus PCR (outbreaks)	Blood Parasite (ID/Confirmation)
Varicella Zoster PCR	CRE/CRPA Isolate ³
West Nile Virus Serology	Enteric Pathogen Isolate ^{3,4}
Zika Serology and PCR	Influenza PCR (Sentinel Providers Only)
Pre-approval required; call 401-222-5606 ²	Pertussis PCR ⁵
Cyanide (Blood)	Primary Specimen (note test request on comment line) ⁶
Heavy Metals Panel (Blood) ⁶	TB PCR
Toxic Element Panel (Urine) ⁶	
Toxic Element Expanded Panel (Urine) ⁶	
Volatile Organic Compounds (Serum) ⁶	
	CDC Send-out (note test request on comment line) ⁷
	Comments/Other test requests:

COVID-19

Date received:	For State Health Laboratory Use Only
	Received by:

Red/SST Serum Lav. Gray Urine Respiratory Swab Stool CSF Isolate Other: _____

DONALD W. WYATT DETENTION FACILITY
PHYSICIAN'S ORDERS

Appendix A

Name Florentino - Soto, Manuel D.O.B. 10/16/73

ID# A074235784 Allergies NKA

Check box as order is noted	(Date & Time)
<input checked="" type="checkbox"/>	<u>6/8/20 9pm</u>
Noted by:	
	<u>Self by D. since BID x 5 days per protocol #1000000</u>
Date:	
Time:	
M.D. Signature <u>[Signature]</u> Date <u>6/9/2020</u>	
Check box as order is noted	(Date & Time)
<input type="checkbox"/>	
Noted by:	
Date:	
Time:	
M.D. Signature _____ Date _____	
Check box as order is noted	(Date & Time)
<input type="checkbox"/>	
Noted by:	
Date:	
Time:	
M.D. Signature _____ Date _____	
Check box as order is noted	(Date & Time)
<input type="checkbox"/>	
Noted by:	
Date:	
Time:	
M.D. Signature _____ Date _____	

DONALD W. WYATT DETENTION FACILITY
PHYSICIAN'S ORDERS

Appendix A

Name	Florentino Soto, Manuel		D.O.B.	
ID#	12132-070		Allergies	NKDA
Check box as order is noted	(Date & Time)	5/4/20		
Noted by:	COVID19 NP SWAB			
Date:	5/4/20			
Time:	10:00			
M.D. Signature	Edith Blanchette		Date	5/7/2020
Check box as order is noted	(Date & Time)	5/7/2020		
Noted by:	① rHCTZ 25mg po qhs x 90 days ② Amlodipine 10mg po qhs x 90 days ③ Please D/C Lisinopril order of 4/5/2020 ④ Lisinopril 40mg po qhs x 90 days ⑤ Please obtain BP of weekly x 3 in June 2020 & have me Review the results			
Date:	5-7-20			
Time:	10:30p			
M.D. Signature	Edith Blanchette		Date	5/7/2020
Check box as order is noted	(Date & Time)	6/1/2020 3-11		
Noted by:	Tylenol 650 mg PO BID PRN x 60 days Amlodipine 10mg PO QHS x 90 days HCTZ 25mg 1T PO QHS x 90 days Lisinopril 40mg PO QHS x 90 days Calcium CARB. 500mg 2T PO BID x 90 days Naproxen 500mg PO QHS PRN x 90 days			
Date:	6/1/2020			
Time:	3-11			
M.D. Signature	Edith Blanchette		Date	6/9/2020
Check box as order is noted	(Date & Time)	6/1/2020 3-11		
Noted by:	Clonidine 10mg PO QHS x 90 days D/C previous orders from 5/7/2020			
Date:	6/1/2020			
Time:	3-11			
M.D. Signature	Edith Blanchette		Date	6/9/2020

Name

Florentino-Soto, Manuel

ID=

A074235784

9 Allergies

NKDA

Date	Time	Notes
6/11/20	5:45p	D/H transferred from Marshal's to ICE custody on 5/26/20. S/H name remains the same. Old records transferred to ICE chart at (Hus for) Pu HSA Ron Raborte. C. J. R.
6/11/20	8:30p	P/H C/O sore throat seen in medical exam room. T-99.1. Encouraged P/H to drink warm liquids & gargle w/ warm salt hyd & 5 days. Instructed P/H to give HMO if condition continues or worsens. Redness or inflammation noted. Home M
6/11/20	6:30p	P/H seen in medical unit stating he would like sleeping pills 2° insomnia. Placed on mental health list for referral. Home M

DONALD W. WYATT DETENTION FACILITY
PROGRESS NOTES

Name Florentino Soto Manuel ID# 12132070 Allergies NKDA

Date	Time	Notes
4/29/20	9pm	Dt seen in HSC with continued complaints of headache, body ache, feeling weak, dizzy, and generally unwell and unlike he's fever felt. BS 146 VS 137/89 HR 66 RR 18 spo2 97%. RA temp 97.7 Dt states continued headaches not relieved by current medication
5/3/20	0918	D/T Seen by medical during sick call. D/T C/o headache, body aches, chills, weakness and trouble sleeping. VS Bp 155/107, HR 86, T 98.0, RR 17, spo2 97% on RA. D/T stated he hasn't been taking his lisinopril at bedtime due to him feeling dizzy in the past. D/T made aware that his other Bp medication hygroton was discontinued and that he could still take the lisinopril 20mg qhs. Dr Blanchette notified new orders obtained for COVID NP Swab tomorrow. will continue to monitor.
5/5/20	3-11	Detainee seen for a nursing sick call. Detainee c/o headache denies other symptoms. Detainee encouraged to utilize pain meds. as prescribed
5/7/2020		MD Note 33 year-old Hispanic man HTN, new dx diabetes WT-232 lbs BP-152/92 The pt is 90 episodic headaches - has both Tylenol & Naproxen ordered for HTA-- but feels he needs more medication or "stronger medication"; may add muscle relaxant but nothing else - for has been high + pt has been taking only lisinopril -- will add HCTZ + Amlodipine later if needed of The pt was also found to have frank diabetes but does not require additional meds at this time for his DM at this stage Adjustments to be made to both HTN & H.A. meds P/ see MD orders

Richard Blanchette MD